

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>28 Jan 05</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing	1	28 Jan 05	\$ 50						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
<u>David A Guerra</u> <u>933 Oleander Way South Suite 9</u> <u>South Pasadena, FL 33707</u>			7 TOTAL AMOUNT OF REFUND \$ <u>5000</u>							
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:								
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					--			
		--								
11 REFUND REQUESTED BY: <u>P.K.</u>										
TYPED/PRINTED NAME: _____		TITLE: <u>Parabasal</u>								
SIGNATURE: <u>P. Lidwell</u>		PHONE: <u>308-9140</u>								
OFFICE: <u>PCT</u>										
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APPROVED: <u>Amy Chigis</u>		DATE: <u>5/23/05</u>								

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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/505294</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED								
<input type="checkbox"/>	Filing	<input checked="" type="checkbox"/>	28 Jun 08 \$ 40								
<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>	28 Jun 08 \$								
<input type="checkbox"/>	Extension of Time		\$								
<input type="checkbox"/>	Notice of Appeal/Appeal		\$								
<input type="checkbox"/>	Petition		\$								
<input type="checkbox"/>	Issue		\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$								
<input type="checkbox"/>	Maintenance		\$								
<input type="checkbox"/>	Assignment		\$								
<input type="checkbox"/>	Other		\$								
David A Guerra 933 Oleander Way South, Suite 4 South Pasadena, CA 91066-3370		7 TOTAL AMOUNT OF REFUND \$ 40									
		8 TO BE REFUNDED BY:									
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td>--</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				--					
		--									
<input type="checkbox"/> No Fee Due (Explanation): _____											
11 REFUND REQUESTED BY: <u>P.K.</u>											
TYPED/PRINTED NAME: _____		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>P. K. Guerra</u>		PHONE: <u>305 3656</u>									
OFFICE: <u>P.C.T.</u>											
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